

SEEC FORM 30

Itemized Campaign Finance Disclosure Statement

Candidates for Statewide Offices and General Assembly

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Rev. 1/08



Electronic Filing

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Page 1 of 120

SUMMARY PAGE

1. NAME OF COMMITTEE					2. TYPE OF COMMITTEE	
Foley For Governor, Inc.					<input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee	
3. TREASURER NAME						
Title	First Larry	MI J	Last Lawrence	Suffix		
4. TREASURER ADDRESS						
Street Address 40 Brookridge Dr		City Greenwich		State CT	Zip Code 06830	
5. ELECTION DATE		6. OFFICE SOUGHT (if applicable)			7. DISTRICT CODE (if applicable)	
11/02/2010		Governor				
8. CANDIDATE NAME						
Title	First Thomas	MI C	Last Foley	Suffix		
9. TYPE OF REPORT						
2nd Supplemental Statement General Election - Original						
10. PERIOD COVERED						
Beginning Date Ending Date						
10/22/2010 thru 10/27/2010						
11. CERTIFICATION						
<input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.						
Electronic Filing		Sunghi Frauen		10/28/2010		
SIGNATURE		PRINT NAME OF THE SIGNER		DATE CERTIFIED		
PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.						

SEEC FORM 30

Itemized Campaign Finance Disclosure Statement

Candidates for Statewide Offices and General Assembly

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Rev. 1/08

**SUMMARY PAGE
TOTALS**

NAME OF COMMITTEE	FILING DUE DATE	
Foley For Governor, Inc.		
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		\$0.00
13. Balance on hand at the beginning of Reporting Period	\$1,057,354.04	
14. Contributions received from Individuals (Section A and B)	\$47,838.00	\$1,574,734.51
15. Receipts from Other Committees (Sections C1 + C2)	\$1,950.00	\$6,250.00
16. Other Monetary Receipts (Section D-I)	\$1,000,000.00	\$10,854,833.76
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J2)	\$0.00	\$0.00
18. Total Monetary Receipts (add totals for lines 14-17)	\$1,049,788.00	\$12,435,818.27
19. Subtotals (add totals in line 13 + line 18 in Column A and in lines 12 + 18 in Column B)	\$2,107,142.04	\$12,435,818.27
20. Expenses Paid by Committee (Section N)	\$1,864,188.63	\$12,192,864.86
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19)	\$242,953.41	\$242,953.41
22. In-Kind Donations not Considered Contributions Received (Section J3)	\$0.00	\$0.00
23. In-Kind Contributions Received (Section K)	\$750.00	\$10,879.07
24. Refundable Deposit to Telephone Company (Section L)	\$0.00	\$0.00
25. Receipts of Organization Expenditures (Section M)	\$0.00	\$412.08
26. Beginning Loan Balance	\$9,851,000.00	\$9,851,000.00
26a. + Loans Received (Section D)	\$1,000,000.00	\$10,851,000.00
26b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00
26c. - Payments on Loan(s)	\$0.00	\$0.00
26d. Total Outstanding Loan Amount	\$10,851,000.00	\$10,851,000.00
27. Campaign Expenses Paid By Candidate (Section O)	\$0.00	\$0.00
28. Expenses Incurred on Committee Credit Card (Section P)	\$7,034.14	\$70,793.15
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	\$7,034.14	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$24,592.44	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>	Subtotal Section A \$0.00

B. Itemized Contributions from Individuals

Last Name Belfonti	First Name Michael	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1685	Amount of Contribution
Residential Street Address 2319 Whitney Ave Ste 1A	City Hamden	State CT	Zip Code 06518-3534	Date Received 10/22/2010	
Principal Occupation Real Estate	Name of Employer MCR Property Management, Inc.	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$200.00	
				\$100.00	
Last Name Borland	First Name Margaret	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1686	Amount of Contribution
Residential Street Address 421 Willow Well Ct	City Cheshire	State CT	Zip Code 06410-2045	Date Received 10/22/2010	
Principal Occupation Controller	Name of Employer MCR Property Management Inc.	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	
				\$50.00	
Last Name Corson	First Name Mary	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1687	Amount of Contribution
Residential Street Address 75 Field Point Cir	City Greenwich	State CT	Zip Code 06830-7072	Date Received 10/22/2010	
Principal Occupation Homemaker	Name of Employer Homemaker	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$3,000.00	
				\$1,000.00	
Last Name Gibbon	First Name Patrick	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1688	Amount of Contribution
Residential Street Address 4 Butternut Ln	City Stratford	State CT	Zip Code 06614	Date Received 10/22/2010	
Principal Occupation Principal	Name of Employer Morgan Partnership	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	
				\$250.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

B. Itemized Contributions from Individuals

Last Name Harvey	First Name Walter	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1689	Amount of Contribution
Residential Street Address 164 Foote Rd	City South Glastonbury	State CT	Zip Code 06073-3309	Date Received 10/22/2010		
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
\$100.00						
Last Name Nicholas	First Name Phyllis	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1690	Amount of Contribution
Residential Street Address 40 Howard Rd	City Greenwich	State CT	Zip Code 06831-3104	Date Received 10/22/2010		
Principal Occupation Homemaker	Name of Employer Homemaker	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,100.00		
\$500.00						
Last Name Preston	First Name Steve	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1691	Amount of Contribution
Residential Street Address 49 High St	City Farmington	State CT	Zip Code 06032-2314	Date Received 10/22/2010		
Principal Occupation CEO	Name of Employer Oakleaf	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00		
\$1,000.00						
Last Name Webert	First Name Magalen	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1692	Amount of Contribution
Residential Street Address 6521 SE Harbor Cir	City Stuart	State FL	Zip Code 34996-1953	Date Received 10/22/2010		
Principal Occupation Homemaker	Name of Employer Homemaker	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		
\$50.00						

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

B. Itemized Contributions from Individuals

Last Name Dworak	First Name Bruce	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1697	Amount of Contribution \$100.00
Residential Street Address 72 Willowbrook Rd	City Cromwell	State CT	Zip Code 06416-1124	Date Received 10/24/2010		
Principal Occupation Business Owner	Name of Employer Hobson & Motzer		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Hess	First Name Karen	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1698	Amount of Contribution \$1,000.00
Residential Street Address 11 Charcoal Hill Rd	City Westport	State CT	Zip Code 06880-1633	Date Received 10/24/2010		
Principal Occupation None	Name of Employer None		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$2,000.00		
Last Name Morris	First Name David	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1699	Amount of Contribution \$10.00
Residential Street Address 123 Old Belden Hill Rd	City Norwalk	State CT	Zip Code 06850-1359	Date Received 10/24/2010		
Principal Occupation Retired	Name of Employer Retired		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$10.00		
Last Name Mozzicato	First Name Maria	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1700	Amount of Contribution \$50.00
Residential Street Address 56 Fox Holw	City Avon	State CT	Zip Code 06001	Date Received 10/24/2010		
Principal Occupation Vice President	Name of Employer NE Moves Mortgage, LLC.		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

B. Itemized Contributions from Individuals

Last Name Rust	First Name Stephen	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1705	Amount of Contribution
Residential Street Address 53 Van Rensselaer Ave	City Stamford	State CT	Zip Code 06902-8018	Date Received 10/25/2010		
Principal Occupation Senior Vice President	Name of Employer Diageo	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00		
\$500.00						
Last Name Wasmer	First Name Pedro	MI E	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1706	Amount of Contribution
Residential Street Address 201 Old Academy Rd	City Fairfield	State CT	Zip Code 06824-7162	Date Received 10/25/2010		
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$2,500.00		
\$500.00						
Last Name Alciati	First Name Fred	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1707	Amount of Contribution
Residential Street Address 18 Valley View Dr	City Farmington	State CT	Zip Code 06032-1908	Date Received 10/26/2010		
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>10202010A</u>				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
\$100.00						
Last Name Ashton	First Name Philip	MI T	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1708	Amount of Contribution
Residential Street Address 39 Daffodil Ln	City Meriden	State CT	Zip Code 06450-3512	Date Received 10/26/2010		
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>10222010A</u>				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00		
\$250.00						

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

B. Itemized Contributions from Individuals

Last Name Barry	First Name Robert	MI J	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1709	Amount of Contribution \$100.00
Residential Street Address 74 Scuppo Rd	City Woodbury	State CT	Zip Code 06798-3813	Date Received 10/26/2010		
Principal Occupation Attorney	Name of Employer Sturges & Mathes		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$200.00		
Last Name Berens	First Name Eric	MI W	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1710	Amount of Contribution \$500.00
Residential Street Address 253 Haddam Quarter Rd	City Durham	State CT	Zip Code 06422-1643	Date Received 10/26/2010		
Principal Occupation Insurance Underwriter	Name of Employer Allied World Assurance Company		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # 10222010A <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00		
Last Name Bitel, Jr.	First Name Vincent	MI J	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1711	Amount of Contribution \$750.00
Residential Street Address 110 Seaview Ave	City Branford	State CT	Zip Code 06405-5444	Date Received 10/26/2010		
Principal Occupation Executive	Name of Employer Rogers Manufacturing Co.		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # 10222010A <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$750.00		
Last Name Boord	First Name Maryann	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1712	Amount of Contribution \$250.00
Residential Street Address 139 Tuttle Rd	City Durham	State CT	Zip Code 06422-2208	Date Received 10/26/2010		
Principal Occupation Executive Secretary	Name of Employer State of Connecticut		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # 10222010A <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

B. Itemized Contributions from Individuals

Last Name Breck	First Name Susan	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1713	Amount of Contribution \$500.00
Residential Street Address 571 Round Hill Rd	City Greenwich	State CT	Zip Code 06831	Date Received 10/26/2010		
Principal Occupation Homemaker	Name of Employer Homemaker		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00		
Last Name Brown	First Name Eric	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1714	Amount of Contribution \$100.00
Residential Street Address 10 Sheagren Hill Rd	City Centerbrook	State CT	Zip Code 06409	Date Received 10/26/2010		
Principal Occupation Attorney/Lobbyist	Name of Employer CBIA		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 10222010A			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Chowaniec	First Name Maria	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1715	Amount of Contribution \$20.00
Residential Street Address 143 Johnnycake Mountain Rd	City Burlington	State CT	Zip Code 06013-2011	Date Received 10/26/2010		
Principal Occupation Retired	Name of Employer Retired		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 10082010A			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$40.00		
Last Name Clark	First Name Michael	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1716	Amount of Contribution \$250.00
Residential Street Address 18 Morgan Pl	City Unionville	State CT	Zip Code 06085-1178	Date Received 10/26/2010		
Principal Occupation Professor/Manager	Name of Employer UTC and University of New Haven		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 10202010A			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

B. Itemized Contributions from Individuals

Last Name Cole	First Name Jean	MI E	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1717	Amount of Contribution
Residential Street Address 638 Danbury Rd Unit 63	City Ridgefield	State CT	Zip Code 06877-2728	Date Received 10/26/2010		
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>09142010A</u> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		
\$50.00						
Last Name Cunningham	First Name Elaine	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1718	Amount of Contribution
Residential Street Address Sonoma Lane	City Middletown	State CT	Zip Code 06457	Date Received 10/26/2010		
Principal Occupation Vice President	Name of Employer Rogers Manufacturing Co.	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>10222010A</u> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00		
\$250.00						
Last Name Danziger	First Name Frederick	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1719	Amount of Contribution
Residential Street Address 51 John St	City Greenwich	State CT	Zip Code 06831-2608	Date Received 10/26/2010		
Principal Occupation Executive	Name of Employer Griffin Land & Nurseries Inc.	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00		
\$1,000.00						
Last Name DeDominicis	First Name Dante	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1720	Amount of Contribution
Residential Street Address 275 Maple Ave	City Cheshire	State CT	Zip Code 06410	Date Received 10/26/2010		
Principal Occupation Office Manager	Name of Employer Maisano Bros. Inc.	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>10202010A</u> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
\$100.00						

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

B. Itemized Contributions from Individuals

Last Name DeFilio	First Name Anthony	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1721	Amount of Contribution
Residential Street Address 66 Cesca Ln	City Durham	State CT	Zip Code 06422-1639	Date Received 10/26/2010		
Principal Occupation CPA	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>10222010A</u> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00		
\$500.00						
Last Name Deinard	First Name Theodore	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1722	Amount of Contribution
Residential Street Address 39 Birch Ln	City Greenwich	State CT	Zip Code 06830-3912	Date Received 10/26/2010		
Principal Occupation Managing Director	Name of Employer Quadrant Management, Inc	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>09142010A</u> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00		
\$1,000.00						
Last Name DeNardis	First Name Larry	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1723	Amount of Contribution
Residential Street Address 790 Still Hill Rd	City Hamden	State CT	Zip Code 06518-1105	Date Received 10/26/2010		
Principal Occupation Educator, Consultant, Writer	Name of Employer Self-Employed	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>10222010A</u> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00		
\$250.00						
Last Name DeNardis	First Name Larry	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1724	Amount of Contribution
Residential Street Address 790 Still Hill Rd	City Hamden	State CT	Zip Code 06518-1105	Date Received 10/26/2010		
Principal Occupation Educator, Consultant, Writer	Name of Employer Self-Employed	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>10222010A</u> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00		
\$250.00						

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

B. Itemized Contributions from Individuals

Last Name Fortier	First Name Mark	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1729	Amount of Contribution \$250.00
Residential Street Address 160 River Rd	City Deep River	State CT	Zip Code 06417-2116	Date Received 10/26/2010		
Principal Occupation Electronic Distributor	Name of Employer Midstar Electronics Co.		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # 10222010A <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00		
Last Name Francis	First Name Laura	MI L	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1730	Amount of Contribution \$250.00
Residential Street Address 65 Laurelbrook Rd	City Durham	State CT	Zip Code 06422-3224	Date Received 10/26/2010		
Principal Occupation First Selectman	Name of Employer Town of Durham		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # 10222010A <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00		
Last Name Francis	First Name Robert	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1731	Amount of Contribution \$250.00
Residential Street Address 65 Laurelbrook Rd	City Durham	State CT	Zip Code 06422-3224	Date Received 10/26/2010		
Principal Occupation VP/GM Aerospace	Name of Employer GKN Aerospace		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # 10222010A <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00		
Last Name Francis	First Name Willard	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1732	Amount of Contribution \$100.00
Residential Street Address 518 Pilgrims Hbr	City Wallingford	State CT	Zip Code 06492	Date Received 10/26/2010		
Principal Occupation Consultant	Name of Employer Self		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # 10222010A <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

B. Itemized Contributions from Individuals

Last Name Holcroft		First Name David		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1737	Amount of Contribution
Residential Street Address 122 Route 87			City Columbia		State CT	Zip Code 06237-1024		Date Received 10/26/2010
Principal Occupation Sole Proprietor			Name of Employer LNC Properties LLC			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$50.00	

Last Name Howard		First Name Bill		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1738	Amount of Contribution
Residential Street Address 1355 Millbrook Rd			City Middletown		State CT	Zip Code 06457-5536	Date Received 10/26/2010	
Principal Occupation Attorney			Name of Employer Howard & McMillan		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>10222010A</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$500.00	\$500.00

Last Name Howard		First Name Joseph		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1739	Amount of Contribution
Residential Street Address 24 Mountain Rd		City Farmington		State CT	Zip Code 06032-2341	Date Received 10/26/2010		
Principal Occupation Rest, Hospitality		Name of Employer Self			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>10202010A</u>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$150.00		\$150.00

Last Name Judd		First Name John		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1740	Amount of Contribution
Residential Street Address 80 Squire Ln		City Hamden		State CT	Zip Code 06518-1418		Date Received 10/26/2010	
Principal Occupation Retired		Name of Employer Retired		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>10222010A</u>				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$200.00		\$200.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

B. Itemized Contributions from Individuals

Last Name Lazarou	First Name Isaak	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1745	Amount of Contribution \$100.00
Residential Street Address 661 Ocean Ave	City New London	State CT	Zip Code 06320-4445	Date Received 10/26/2010		
Principal Occupation Co-Owner Pawn Shop	Name of Employer Self Employed		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Lyman	First Name Jim	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1746	Amount of Contribution \$250.00
Residential Street Address 1647 Durham Rd	City Madison	State CT	Zip Code 06443-8122	Date Received 10/26/2010		
Principal Occupation Insurance Agent	Name of Employer Self		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>10222010A</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00		
Last Name Lyman, Jr.	First Name John	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1747	Amount of Contribution \$100.00
Residential Street Address 33 Lyman Rd	City Middlefield	State CT	Zip Code 06455-1254	Date Received 10/26/2010		
Principal Occupation Retired	Name of Employer Retired		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>10222010A</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Marino	First Name Lawrence	MI W	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1748	Amount of Contribution \$250.00
Residential Street Address 88 High St	City Portland	State CT	Zip Code 06480-1638	Date Received 10/26/2010		
Principal Occupation Self-employed	Name of Employer Self-Employed		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>10222010A</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

B. Itemized Contributions from Individuals

Last Name Markowski	First Name Andy	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1749	Amount of Contribution \$100.00
Residential Street Address 156 Farms Village Rd	City Simsbury	State CT	Zip Code 06070-2322	Date Received 10/26/2010		
Principal Occupation Attorney/Lobbyist	Name of Employer Gara & Markowski, LLC		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Markowski	First Name Kirsten	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1750	Amount of Contribution \$100.00
Residential Street Address 156 Farms Village Rd	City Simsbury	State CT	Zip Code 06070-2322	Date Received 10/26/2010		
Principal Occupation Teacher	Name of Employer Plainville Board of Education		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # 10222010A <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Massameno	First Name Samuel	MI J	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1751	Amount of Contribution \$25.00
Residential Street Address 118 Wilson Pond Rd	City Harwinton	State CT	Zip Code 06791-2815	Date Received 10/26/2010		
Principal Occupation Executive	Name of Employer K-Tech International, Inc.		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00		
Last Name Mastrobattista	First Name Peter	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1752	Amount of Contribution \$100.00
Residential Street Address 18 Church St	City Farmington	State CT	Zip Code 06032-2319	Date Received 10/26/2010		
Principal Occupation Manufacturing	Name of Employer Bass Plating co.		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # 10202010A <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

B. Itemized Contributions from Individuals

Last Name Mastrogiovanni	First Name Bill	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1753	Amount of Contribution \$100.00
Residential Street Address 3 Serra Dr	City Unionville	State CT	Zip Code 06085-1103	Date Received 10/26/2010		
Principal Occupation Attorney	Name of Employer Scully, Nicksa & Reeve		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # 10202010A <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Maturo	First Name Renee	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1754	Amount of Contribution \$100.00
Residential Street Address 905 Main St	City Hamden	State CT	Zip Code 06514-1420	Date Received 10/26/2010		
Principal Occupation Unemployed	Name of Employer Unemployed		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # 10222010A <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Maxwell	First Name John	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1755	Amount of Contribution \$300.00
Residential Street Address 49 Cannon Ridge Dr	City Watertown	State CT	Zip Code 06795-2450	Date Received 10/26/2010		
Principal Occupation Toolmaker	Name of Employer J&J Precision Eyelets Inc.		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$300.00		
Last Name Milardo, Jr.	First Name Joseph	MI E	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1756	Amount of Contribution \$250.00
Residential Street Address 42 Morgan St	City Middletown	State CT	Zip Code 06457-5229	Date Received 10/26/2010		
Principal Occupation Attorney	Name of Employer Self		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # 10222010A <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

B. Itemized Contributions from Individuals

Last Name Munger	First Name Linda	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1757	Amount of Contribution
Residential Street Address 16 Knollwood Dr	City Greenwich	State CT	Zip Code 06830-4733	Date Received 10/26/2010		
Principal Occupation Homemaker	Name of Employer Homemaker		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # 10262010A <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00		
\$1,000.00						
Last Name Nelson	First Name Peter	MI B	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1758	Amount of Contribution
Residential Street Address 128 Newfield St	City Middletown	State CT	Zip Code 06457-2528	Date Received 10/26/2010		
Principal Occupation Dentist	Name of Employer Advanced Cosmetic Dentistry (Self)		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # 10222010A <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00		
\$250.00						
Last Name Ormsby	First Name David	MI G	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1759	Amount of Contribution
Residential Street Address 14 Partridge Hollow Rd	City Greenwich	State CT	Zip Code 06831-2663	Date Received 10/26/2010		
Principal Occupation Senior Counsel	Name of Employer Cravath Swaine & Moore LLP		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00		
\$500.00						
Last Name Pilon	First Name David	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1760	Amount of Contribution
Residential Street Address 5 Langley Park	City Farmington	State CT	Zip Code 06032-1541	Date Received 10/26/2010		
Principal Occupation Director of Sales	Name of Employer Bouvier Beckwith & Lennox		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # 10202010A <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
\$100.00						

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

B. Itemized Contributions from Individuals

Last Name Reilly	First Name Eileen	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1765	Amount of Contribution
Residential Street Address 18 Florence Way	City Farmington	State CT	Zip Code 06032-3409	Date Received 10/26/2010		
Principal Occupation Homemaker	Name of Employer Homemaker	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10202010A</u>			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00	
Last Name Richard	First Name Matthew	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1766	Amount of Contribution
Residential Street Address PO Box 176	City Waban	State MA	Zip Code 02468-0002	Date Received 10/26/2010		
Principal Occupation Analyst	Name of Employer Harvard Pilgrim	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00	
Last Name Richardson, III	First Name George	MI O	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1767	Amount of Contribution
Residential Street Address 1106 West Rd	City New Canaan	State CT	Zip Code 06840-2639	Date Received 10/26/2010		
Principal Occupation Partner	Name of Employer Sullivan & Worcester LLP.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00	
Last Name Rivera	First Name Alan	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1768	Amount of Contribution
Residential Street Address 626 North St	City Greenwich	State CT	Zip Code 06830-3037	Date Received 10/26/2010		
Principal Occupation Lawyer	Name of Employer Millbrook Capital Management	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

B. Itemized Contributions from Individuals

Last Name Schatz	First Name Walter	MI B	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1769	Amount of Contribution \$200.00
Residential Street Address 7 Staples Pl	City West Hartford	State CT	Zip Code 06107-1629	Date Received 10/26/2010		
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10202010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$300.00		
Last Name Scianna	First Name Peter	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1770	Amount of Contribution \$250.00
Residential Street Address 32 Ridgeview Rd	City Portland	State CT	Zip Code 06480-4015	Date Received 10/26/2010		
Principal Occupation Pharmacist	Name of Employer Brownstone Pharmaceuticals Consulting	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10222010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00		
Last Name Singer	First Name Paul	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1771	Amount of Contribution \$3,500.00
Residential Street Address 1 W 81st St	City New York	State NY	Zip Code 10024-6048	Date Received 10/26/2010		
Principal Occupation President	Name of Employer Elliott Associates LP	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$3,500.00		
Last Name Soboleski	First Name Lillian	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1772	Amount of Contribution \$250.00
Residential Street Address 140 Suffolk Ct	City Meriden	State CT	Zip Code 06450-8152	Date Received 10/26/2010		
Principal Occupation Republican Registrar of Voters	Name of Employer City of Meriden	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10222010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

B. Itemized Contributions from Individuals

Last Name Stanton		First Name Jerry		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1773	Amount of Contribution
Residential Street Address 18 Larkins Way			City Farmington		State CT	Zip Code 06032-1723	Date Received 10/26/2010	
Principal Occupation Retired			Name of Employer Retired			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>10202010A</u> <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$250.00	\$250.00

Last Name Stephen		First Name Cole		MI D	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1774	Amount of Contribution \$50.00
Residential Street Address 638 Danbury Rd Unit 63		City Ridgefield		State CT	Zip Code 06877-2728	Date Received 10/26/2010		
Principal Occupation Retired		Name of Employer Retired			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>09142010A</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$50.00	

Last Name Stoddard		First Name Patty		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1775	Amount of Contribution
Residential Street Address 87 Lido Rd		City Unionville		State CT	Zip Code 06085-1563	Date Received 10/26/2010		
Principal Occupation Real Estate Agent		Name of Employer Prudential CT Realty			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>10202010A</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		\$100.00

Last Name Thomas		First Name Charles		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1776	Amount of Contribution \$100.00
Residential Street Address 149 Mountain Spring Rd		City Farmington		State CT	Zip Code 06032-1614	Date Received 10/26/2010		
Principal Occupation Retired		Name of Employer Retired			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>10202010A</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

B. Itemized Contributions from Individuals

Last Name Tisch	First Name Thomas	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1777	Amount of Contribution
Residential Street Address 667 Madison Ave	City New York	State NY	Zip Code 10065-8029	Date Received 10/26/2010		
Principal Occupation Investments	Name of Employer Self Employed		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$3,500.00		
Last Name Wadsworth	First Name Bill	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1778	Amount of Contribution
Residential Street Address 73 Red Oak Hill Rd	City Farmington	State CT	Zip Code 06032-2201	Date Received 10/26/2010		
Principal Occupation Construction	Name of Employer Unemployed		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>10202010A</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Wagner	First Name Elizabeth	MI S	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1779	Amount of Contribution
Residential Street Address 172 Stollman Rd	City Colchester	State CT	Zip Code 06415-1032	Date Received 10/26/2010		
Principal Occupation Member of the review board	Name of Employer Dept of Labor		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>10222010A</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00		
Last Name Waller	First Name Michael	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1780	Amount of Contribution
Residential Street Address 73 Lyman Rd	City Middlefield	State CT	Zip Code 06455-1254	Date Received 10/26/2010		
Principal Occupation Retired	Name of Employer Retired		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>10222010A</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

B. Itemized Contributions from Individuals

Last Name Winer-Foley		First Name Lisa		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1781	Amount of Contribution
Residential Street Address 76 Hartford Rd		City Simsbury		State CT	Zip Code 06070-2508		Date Received 10/26/2010	
Principal Occupation Owner/President		Name of Employer Allstar Therapy			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>10202010A</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$250.00	\$250.00

Last Name Blanchet		First Name Sheila		MI M		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1782		Amount of Contribution \$10.00	
Residential Street Address 98 Prospect Hill Rd			City Guilford			State CT		Zip Code 06437-2013			Date Received 10/27/2010
Principal Occupation RN			Name of Employer Gladeview Healthcare Center			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No					
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Aggregate Contributions \$95.00			

Last Name Bliss		First Name Virginia		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1783	Amount of Contribution
Residential Street Address PO Box 50440		City Santa Barbara		State CA	Zip Code 93150-0440		Date Received 10/27/2010	
Principal Occupation Homemaker		Name of Employer Homemaker			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$3,500.00	\$3,500.00

Last Name Bonditch		First Name Charles		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1784	Amount of Contribution
Residential Street Address 16 Old Parish Rd		City Darien		State CT	Zip Code 06820-4318		Date Received 10/27/2010	
Principal Occupation Broker		Name of Employer MJLF & Associates			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$50.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

B. Itemized Contributions from Individuals

Last Name Levison		First Name Bonnie		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1789	Amount of Contribution
Residential Street Address 521 Field Point Rd		City Greenwich		State CT	Zip Code 06830-7049	Date Received 10/27/2010		
Principal Occupation Humorist		Name of Employer None			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00		\$500.00

Last Name Lundgren		First Name Tina		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1790	Amount of Contribution
Residential Street Address 650 Park Ave		City New York		State NY	Zip Code 10065-6115	Date Received 10/27/2010		
Principal Occupation Homemaker		Name of Employer Homemaker			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$2,000.00		\$1,000.00

Last Name McNitt		First Name Willard		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1791	Amount of Contribution
Residential Street Address 1152 Cherry St		City Winnetka		State IL	Zip Code 60093-2115	Date Received 10/27/2010		
Principal Occupation Private Equity		Name of Employer Thurston Group			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$80.00		\$30.00

Last Name Pollard		First Name Susan		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1792	Amount of Contribution \$100.00
Residential Street Address 188 Griswold Dr		City West Hartford		State CT	Zip Code 06119-1021	Date Received 10/27/2010		
Principal Occupation Underwriter		Name of Employer UnitedHealthcare			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

B. Itemized Contributions from Individuals

Last Name Price	First Name Robert	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1793	Amount of Contribution
Residential Street Address 25 E 86th St	City New York	State NY	Zip Code 10028-0553	Date Received 10/27/2010		
Principal Occupation Attorney	Name of Employer Self-Employed	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$7,000.00		
\$3,500.00						
Last Name Raben	First Name John	MI R	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1794	Amount of Contribution
Residential Street Address 40 W Elm St Apt 6B	City Greenwich	State CT	Zip Code 06830-6415	Date Received 10/27/2010		
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00		
\$250.00						
Last Name Sculley	First Name Sean	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1795	Amount of Contribution
Residential Street Address 80 N Main St	City Kent	State CT	Zip Code 06757-1520	Date Received 10/27/2010		
Principal Occupation Architect/Professor	Name of Employer Cooper Union NYC	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		
\$25.00						
Last Name Tedoldi, Jr.	First Name Robert	MI L	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1796	Amount of Contribution
Residential Street Address 409 Sand Stone Dr	City South Windsor	State CT	Zip Code 06074-2867	Date Received 10/27/2010		
Principal Occupation Financial Advisor	Name of Employer Infocus Financial Group	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00		
\$25.00						

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

B. Itemized Contributions from Individuals

Last Name Young		First Name Richard		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1797	Amount of Contribution
Residential Street Address 301 W Lyon Farm Dr		City Greenwich		State CT	Zip Code 06831-4356		Date Received 10/27/2010	
Principal Occupation Attorney		Name of Employer Self			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		\$100.00

			Total of Section B	\$47,838.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS	(Sections A & B)	<i>(Total on Line 14 of Summary Page)</i>		\$47,838.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE					FILING DUE DATE	
Foley For Governor, Inc.						
C1. Contributions from Other Committees						
Name of Committee Madison Republican Town Committee				Name of Treasurer Jennifer S. Tung		
Address PO Box 1233		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			Amount of Contribution \$500.00	
City Madison	State CT	Zip Code 06443	Date Received 10/26/2010	Aggregate Contributions \$500.00		
Name of Committee Durham Republican Town Committee				Name of Treasurer Peter P Cascini		
Address PO Box 21		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			Amount of Contribution \$250.00	
City Durham	State CT	Zip Code 06422	Date Received 10/26/2010	Aggregate Contributions \$250.00		
Name of Committee We Are United				Name of Treasurer Seth W Morton		
Address 27 Shipway Rd		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			Amount of Contribution \$1,200.00	
City Darien	State CT	Zip Code 06820	Date Received 10/26/2010	Aggregate Contributions \$1,200.00		
Total of Section C1					\$1,950.00	

I. MONETARY RECEIPTS (Section A-I)				
NAME OF COMMITTEE				FILING DUE DATE
Foley For Governor, Inc.				
C2. Reimbursements or Payments from other Committees				
Name of Committee			Name of Treasurer	
Address			Date Received	Amount of Receipt
City	State	Zip Code	Reimbursement for shared expense Payment for goods and services	
Total of Section C2				

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE						FILING DUE DATE	
Foley For Governor, Inc.							
D. Loans Received this Period							
Name of Lender Mr. Thomas C Foley				Source of Loan: <input type="checkbox"/> Bank <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Individual <input type="checkbox"/> Other Committee		Is there a cosigner or Guarantor of this loan? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Street Address 62 Khakum Wood Rd		City Greenwich		State CT		Zip Code 06831-3748	
Name of Cosigner/Guarantor							
Street Address		City		State		Zip Code	
Date Received 10/26/2010							
Total of Section D						\$1,000,000.00	

I. MONETARY RECEIPTS (Section A-I)		
NAME OF COMMITTEE		FILING DUE DATE
Foley For Governor, Inc.		
E. Personal Funds of the Candidate Received this Period		
Date Received	Amount	Method of Payment
		Cash Personal Check Credit/Debit Card
		Total of Section E

I. MONETARY RECEIPTS (Section A-I)					
NAME OF COMMITTEE					FILING DUE DATE
Foley For Governor, Inc.					
F. Anonymous Contributions					
Date Received	\$ 1 bills	\$ 5 bills	\$ 10 bill	coins	Amount
Total of Section F					

I. Monetary Receipts (Section A-I)				
NAME OF COMMITTEE				FILING DUE DATE
Foley For Governor, Inc.				
G. Interest from Deposits in Authorized Accounts				
Name of Institution		Date Received		Total Amount Received
Street Address	City	State	Zip Code	
Total of Section G				

I. MONETARY RECEIPTS (Section A-K)			
NAME OF COMMITTEE			FILING DUE DATE
Foley For Governor, Inc.			
H. Public Grant Funds Received from the Citizen's Election Fund			
Purpose of Grant:	Supplemental/Independent Expenditure	Date Received	Amount
Initial			
Primary General or Special Election	Primary General or Special Election		
Supplemental/Post Election Deficit	Supplemental/Excess Expenditure		
General or Special Election	Primary General or Special Election		
Total of Section H			

I. MONETARY RECEIPTS (Section A-K)					
NAME OF COMMITTEE				FILING DUE DATE	
Foley For Governor, Inc.					
I. Miscellaneous Monetary Receipts not Considered Contributions					
Name			Date of Transaction		Amount Received
Street Address		City	State	Zip Code	
Description					
Total of Section I					

II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

J1. Fundraising Event Information

Fundraising Event # Date of Fundraiser	Description	Location: Street Address	City	State	Zip Code
10/22/2010 Letter A	Cocktail Event	3 Lyman Rd	Middlefield	CT	06455-1254

Was this fundraising event hosted at a personal residence? ☐ Yes ☒ No

Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$50? ☐ Yes ☒ No

Was this fundraiser a tag sale, auction, or other sale of donated items? ☐ Yes ☒ No

Fundraising Event # Date of Fundraiser	Description	Location: Street Address	City	State	Zip Code
10/26/2010 Letter A	Luncheon Event	59 Peckslan Rd	Greenwich	CT	06831-3711

Was this fundraising event hosted at a personal residence? ☒ Yes ☐ No

Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$50? ☐ Yes ☒ No

Was this fundraiser a tag sale, auction, or other sale of donated items? ☐ Yes ☒ No

II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

J2. Proceeds from Tag Sale, Auction, or Other Sale of Donated Items

Name of the Purchaser <i>(Individuals ONLY)</i>	Last Name	First Name	MI	Method of payment:			Aggregate Amount of Purchases
				Cash	Personal Check	Credit/Debit Card	
Residential Street Address		City	State	Zip Code	Date Received	Event #	
Items Purchased							

Total of Section J2

II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

J3. In-Kind Donations Not Considered Contributions

Name of the Donor					Donation Given by:		Fair Market Value of Donation
					Individual	Business Entity	
Street Address	City			State	Zip Code	Aggregate value for this event	
Description of Donation				Date Received		Event #	

Total of Section J3

III. NONMONETARY RECEIPTS

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

K. In-Kind Contributions

Name Berardino B Jay				Date Received 10/22/2010		Fair Market Value of this Contribution \$750.00
Street Address 105 Mattabasset Dr		City Durham	State CT	Zip Code 06422-1908		
Type of Contributor: <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Committee	Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event# 10222010A		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Description of In-Kind Contribution Food & Beverages		
				Aggregate contributions \$750.00		
Total of Section K						\$750.00

III. Non Monetary Receipts

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

L. Refundable Deposit to Telephone Company

Last Name (Individuals Only)	First Name	MI	Date Received	Amount of Deposit
Street Address	City	State	Zip Code	
Name of Telephone company				
Street Address	City	State	Zip Code	
Total of Section L				

III. NONMONETARY RECEIPTS

NAME OF COMMITTEE				FILING DUE DATE	
Foley For Governor, Inc.					
M. Non-Monetary Receipts of Organization Expenditures Made By Legislative Leadership, Legislative Caucus, and Party Committee					
Name of Committee			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City		State	Zip Code	Aggregate Donations	
Description of Donation		Purpose of Expenditure A B C D E			
Total of Section M					

IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
Foley For Governor, Inc.							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Premier Graphics					10/22/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	2177		
860 Honeyspot Rd	Stratford	CT	06615-7159	POST	<input type="checkbox"/> Debit Card		
Description					Event #		\$63,400.25
Postage & Delivery - Postage for Thats Not Going- Reprint - 10/22 Mail Drop							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Office Sought		
Name of Payee					Date of Payment	Method of Payment	Amount
Premier Graphics					10/22/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	2181		
860 Honeyspot Rd	Stratford	CT	06615-7159	PRNT	<input type="checkbox"/> Debit Card		
Description					Event #		\$30,222.72
Printing & Reproduction - Postage for Thats Not Going- Reprint - 10/22 Mail Drop-Balance							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Office Sought		
Name of Payee					Date of Payment	Method of Payment	Amount
Town of West Hartford					10/22/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	2181		
20 Isham Rd	West Hartford	CT	06107-2204	TRVL	<input checked="" type="checkbox"/> Debit Card		
Description					Event #		\$7.00
Parking							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Office Sought		

IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
Foley For Governor, Inc.							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
United States Post Office					10/22/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
Ridgeway Station	Stamford	CT		POST			
Description					Event #		
Mail Expense							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name		Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$1.00
Name of Payee					Date of Payment	Method of Payment	Amount
Media Placement Technologies					10/25/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
336 Commerce St	Alexandria	VA	22314-2802	A-OTH			
Description					Event #		
Advertising & Promotion - Media Buy Oct27-Nov2 NYC TV							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name		Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$902,150.00
Name of Payee					Date of Payment	Method of Payment	Amount
Premier Graphics					10/25/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>2184</u> <input type="checkbox"/> Debit Card		
860 Honeyspot Rd	Stratford	CT	06615-7159	PRNT			
Description					Event #		
Printing & Reproduction - Inv57081 Postage for TFG04 Reprint - 10/25 Mail Drop							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name		Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$99,550.02

IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
Foley For Governor, Inc.							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
JP Morgan Chase Bank					10/25/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
3A Pickwick Plz	Greenwich	CT	06830	BNK			
Description					Event #		\$25.00
Outgoing Domestic Wire Fee							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name Office Sought		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Starbucks					10/25/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
96 Broad St	Stamford	CT	06901-2312	FOOD			
Description					Event #		\$40.00
Volunteer Food							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name Office Sought		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Town of West Hartford					10/25/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
20 Isham Rd	West Hartford	CT	06107-2204	TRVL			
Description					Event #		\$7.00
Parking							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name Office Sought		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
Foley For Governor, Inc.							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Prime Electric					10/25/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
33 Wisconsin Ave Ste 101	Norwich	CT	06360-1550	OVHD			
Description					Event #		\$599.96
Utilities							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name Office Sought		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Cosi					10/25/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
970 Farmington Ave	West Hartford	CT	06107-2139	FOOD			
Description					Event #		\$20.83
Volunteer Food							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name Office Sought		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Lox Stock and Bagel					10/25/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
332 N Main St	West Hartford	CT	06117-2510	FOOD			
Description					Event #		\$17.87
Volunteer Food							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name Office Sought		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
Foley For Governor, Inc.							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Town of West Hartford					10/25/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
20 Isham Rd	West Hartford	CT	06107-2204	TRVL			
Description					Event #		\$7.00
Parking							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name Office Sought		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Staples					10/25/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
2550 Albany Ave	West Hartford	CT	06117-2301	OFFICE			
Description					Event #		\$73.13
Office Supplies							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name Office Sought		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
La Quinta Inn & Suites					10/25/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
65 Columbus Blvd	New Britain	CT	06051-2226	TRVL			
Description					Event #		\$632.00
Lodging Expense							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name Office Sought		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

N. Expenses Paid By Committee

Name of Payee Premier Graphics					Date of Payment 10/26/2010	Method of Payment <input checked="" type="checkbox"/> Check # 2206	Amount \$310,819.10
Street Address 860 Honeyspot Rd	City Stratford	State CT	Zip Code 06615-7159	Purpose of Expenditure POST	<input type="checkbox"/> Debit Card		
Description Postage & Delivery - POSTAGE-TFG05 Reprint,TGF08,Leslie letter,Rell letter					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought 		
Name of Payee Premier Graphics					Date of Payment 10/26/2010	Method of Payment <input checked="" type="checkbox"/> Check # 2207	Amount \$323,929.97
Street Address 860 Honeyspot Rd	City Stratford	State CT	Zip Code 06615-7159	Purpose of Expenditure PRNT	<input type="checkbox"/> Debit Card		
Description Printing & Reproduction - PRINT-TFG03 Reprint,TFG04 Reprint, TFG05 Reprint, TFG08, Leslie letter, Rell letter					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought 		
Name of Payee Premier Graphics					Date of Payment 10/26/2010	Method of Payment <input checked="" type="checkbox"/> Check # 2205	Amount \$17,258.00
Street Address 860 Honeyspot Rd	City Stratford	State CT	Zip Code 06615-7159	Purpose of Expenditure PRNT	<input type="checkbox"/> Debit Card		
Description Printing & Reproduction - balance due to mail matrix error					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought 		

IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
Foley For Governor, Inc.							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
David M Hellriegel					10/26/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	2210	<input type="checkbox"/> Debit Card	
20 Summer St Ste 200	Stamford	CT	06901-2304	RCW			
Description					Event #		\$500.00
Vehicle Miles							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name Office Sought		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Emily Duus					10/26/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	2209	<input type="checkbox"/> Debit Card	
20 Summer St Ste 200	Stamford	CT	06901-2304	RCW			
Description					Event #		\$343.15
Vehicle Miles							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name Office Sought		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Dean Pagani					10/26/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	2208	<input type="checkbox"/> Debit Card	
309 Holland Ln Ste 226	Alexandria	VA	22314-6104	RCW			
Description					Event #		\$410.00
Parking Travel Miles							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name Office Sought		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES

NAME OF COMMITTEE							FILING DUE DATE
Foley For Governor, Inc.							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Diane Generous					10/26/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>2195</u>	<input type="checkbox"/> Debit Card	
172 Pautipaug Hill Rd	Baltic	CT	06330-1019	RCW			
Description					Event #		\$953.46
Vehicle Miles, Cell Phone, Postage, Volunteer Meal							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Office Sought		
Name of Payee					Date of Payment	Method of Payment	Amount
JP Morgan Chase Bank					10/26/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
3A Pickwick Plz	Greenwich	CT	06830	BNK			
Description					Event #		\$15.00
Incoming Domestic Wire Fee							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Office Sought		
Name of Payee					Date of Payment	Method of Payment	Amount
CVS					10/26/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
150 S Main St	West Hartford	CT	06107-3432	OFFICE			
Description					Event #		\$20.69
Supplies							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Office Sought		

IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
Foley For Governor, Inc.							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Chris Covucci					10/27/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>2194</u>	<input type="checkbox"/> Debit Card	
20 Summer St Fl 2	Stamford	CT	06901-2304	RCW			
Description					Event #		
Vehicle Miles, Volunteer Food							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other Candidate(s) Name Office Sought							
\$444.67							
Name of Payee					Date of Payment	Method of Payment	Amount
Courtney Weaver					10/27/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>2193</u>	<input type="checkbox"/> Debit Card	
20 Summer St Fl 2	Stamford	CT	06901-2304	RCW			
Description					Event #		
Vehicle Miles, Parking, Volunteer Food							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other Candidate(s) Name Office Sought							
\$933.59							
Name of Payee					Date of Payment	Method of Payment	Amount
Chris Syrek					10/27/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>2192</u>	<input type="checkbox"/> Debit Card	
20 Summer St Ste 200	Stamford	CT	06901-2304	RCW			
Description					Event #		
Vehicle Miles, Parking, Volunteer Refreshments							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other Candidate(s) Name Office Sought							
\$535.82							

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
John L Whitney					10/27/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>2191</u>		
20 Summer St Fl 2	Stamford	CT	06901-2304	RCW	<input type="checkbox"/> Debit Card		
Description						Event #	
Vehicle Miles, Postage, Name Tags							
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Other Candidate(s) Name							
Office Sought							
\$610.00							

Name of Payee					Date of Payment	Method of Payment	Amount
Michael Roberts					10/27/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>2190</u>		
618 Belden Hall	Storrs	CT	06269-6905	RCW	<input type="checkbox"/> Debit Card		
Description						Event #	
Vehicle Miles, Parking, Office Supplies							
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Other Candidate(s) Name							
Office Sought							
\$433.20							

Name of Payee					Date of Payment	Method of Payment	Amount
Justin R Clark					10/27/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>2189</u>		
20 Summer St Ste 200	Stamford	CT	06901-2304	RCW	<input type="checkbox"/> Debit Card		
Description						Event #	
Vehicle Miles							
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Other Candidate(s) Name							
Office Sought							
\$364.50							

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

N. Expenses Paid By Committee

Name of Payee Torey Shepardson					Date of Payment 10/27/2010	Method of Payment <input checked="" type="checkbox"/> Check # <u>2188</u>	Amount \$146.25
Street Address 49 Westmont St	City West Hartford	State CT	Zip Code 06117-2928	Purpose of Expenditure RCW	<input type="checkbox"/> Debit Card		
Description Vehicle Miles, Volunteer Pizza					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought 		
Name of Payee Ben Hartman					Date of Payment 10/27/2010	Method of Payment <input checked="" type="checkbox"/> Check # <u>2187</u>	Amount \$1,108.56
Street Address 20 Summer St Ste 200	City Stamford	State CT	Zip Code 06901-2304	Purpose of Expenditure RCW	<input type="checkbox"/> Debit Card		
Description Vehicle Miles, Parking, Food, Sign Supplies					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought 		
Name of Payee Chris O'Brien					Date of Payment 10/27/2010	Method of Payment <input checked="" type="checkbox"/> Check # <u>2186</u>	Amount \$87.02
Street Address 20 Summer St Ste 200	City Stamford	State CT	Zip Code 06901-2304	Purpose of Expenditure RCW	<input type="checkbox"/> Debit Card		
Description Parking, Volunteer Food, Office Supplies					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought 		

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

N. Expenses Paid By Committee

Name of Payee				Date of Payment	Method of Payment	Amount
Len Greene				10/27/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>2185</u>	
20 Summer St Ste 200	Stamford	CT	06901-2304	RCW	<input type="checkbox"/> Debit Card	
Description					Event #	
Vehicle Miles						
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? </div> <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div> <div> <div>Other Candidate(s) Name</div> <div>Office Sought</div> </div>						
						\$162.50

Name of Payee					Date of Payment	Method of Payment	Amount
Elizabeth Osborn Poirier					10/27/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>2196</u>		
20 Summer St Fl 2	Stamford	CT	06901-2304	RCW	<input type="checkbox"/> Debit Card		
Description						Event #	
Vehicle Miles, Call Plan, Air Card, Parking							
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? </div> <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div> <div> <div>Other Candidate(s) Name</div> <div>Office Sought</div> </div>							
							\$665.96

Name of Payee						Date of Payment	Method of Payment	Amount
Matthew Joiner						10/27/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>2200</u>		
150 Oxoboxo Dam Rd		Oakdale	CT	06370-1267	RCW	<input type="checkbox"/> Debit Card		
Description							Event #	
Vehicle Miles, Volunteer Food, Office Supplies								
<div style="display: flex; justify-content: space-between;"> Is this expenditure coordinated with another candidate for which reimbursement is sought? Other Candidate(s) Name Office Sought </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>								
							\$325.73	

IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
Foley For Governor, Inc.							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Bill Cortese					10/27/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	2201	<input type="checkbox"/> Debit Card	
20 Summer St Ste 200	Stamford	CT	06901-2304	RCW			
Description					Event #		
Vehicle Miles, Pre-Rally Food, Office Supplies							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other Candidate(s) Name Office Sought							
\$1,331.61							
Name of Payee					Date of Payment	Method of Payment	Amount
Susan Ogden					10/27/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	2212	<input type="checkbox"/> Debit Card	
20 Summer St Ste 200	Stamford	CT	06901-2304	RCW			
Description					Event #		
Parking							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other Candidate(s) Name Office Sought							
\$39.00							
Name of Payee					Date of Payment	Method of Payment	Amount
Schuyler Merritt					10/27/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	2211	<input type="checkbox"/> Debit Card	
20 Summer St Ste 200	Stamford	CT	06901-2304	RCW			
Description					Event #		
Vehicle Miles, Meals, Gas							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other Candidate(s) Name Office Sought							
\$3,503.67							

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

N. Expenses Paid By Committee

Name of Payee				Date of Payment	Method of Payment	Amount
Diane L. Browne Catering				10/27/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>2182</u>	
865 Post Rd	Darien	CT	06820-4603	FOOD	<input type="checkbox"/> Debit Card	
Description					Event #	
Meals & Entertainment						
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div> <div> Other Candidate(s) Name </div> <div> Office Sought </div> </div>						
						\$3,884.90

Name of Payee					Date of Payment	Method of Payment	Amount
Matthew Joiner					10/27/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>2169</u>		
150 Oxoboxo Dam Rd	Oakdale	CT	06370-1267	WAGE	<input type="checkbox"/> Debit Card		
Description						Event #	
Payroll Expenses - Intern Stipend Week of 10/18/10							
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div> <div> Other Candidate(s) Name </div> <div> Office Sought </div> </div>							
							\$210.00

Name of Payee				Date of Payment	Method of Payment	Amount
Michael Roberts				10/27/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>2170</u> <input type="checkbox"/> Debit Card	
618 Belden Hall	Storrs	CT	06269-6905	WAGE		
Description					Event #	
Payroll Expenses - Intern stiped week of 10/18						
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <div> <input type="checkbox"/> Yes </div> <div> <input checked="" type="checkbox"/> No </div> </div> <div> <div>Other Candidate(s) Name</div> <div>Office Sought</div> </div>						
						\$250.00

IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
Foley For Governor, Inc.							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Emily Duus					10/27/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>2167</u>	<input type="checkbox"/> Debit Card	
20 Summer St Ste 200	Stamford	CT	06901-2304	WAGE			
Description					Event #		\$250.00
Payroll Expenses - Intern stiped week of 10/18							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name Office Sought		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Torey Shepardson					10/27/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>2171</u>	<input type="checkbox"/> Debit Card	
49 Westmont St	West Hartford	CT	06117-2928	WAGE			
Description					Event #		\$240.00
Payroll Expenses - Intern stiped week of 10/18							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name Office Sought		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
David M Hellriegel					10/27/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>2168</u>	<input type="checkbox"/> Debit Card	
20 Summer St Ste 200	Stamford	CT	06901-2304	WAGE			
Description					Event #		\$150.00
Payroll Expenses - Intern stiped week of 10/18							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name Office Sought		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
Foley For Governor, Inc.							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Media Placement Technologies					10/27/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
336 Commerce St	Alexandria	VA	22314-2802	A-OTH			
Description					Event #		
Advertising & Promotion - Media Buy Oct31-Nov2 Hartford TV&Cable, Inv1004 radio dist							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name		Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$92,905.00
Name of Payee					Date of Payment	Method of Payment	Amount
Inquiring News					10/27/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>2197</u>		
51 Gilbert Ave	Bloomfield	CT	06002-3824	A-NEWS	<input type="checkbox"/> Debit Card		
Description					Event #		
Foley Quarter Page							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name		Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$550.00
Name of Payee					Date of Payment	Method of Payment	Amount
Front Porch Strategies					10/27/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>2183</u>		
243 N 5th St Ste 330	Columbus	OH	43215-2676	A-OTH	<input type="checkbox"/> Debit Card		
Description					Event #		
Advertising & Promotion - Inv1131 Prepay for Oct 23 Teleforum							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name		Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$4,053.50
Total of Section N						\$1,864,188.63	

IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
Foley For Governor, Inc.							
O. Campaign Expenses Paid By Candidate							
Name of Payee					Date of Payment	Is Reimbursement Claimed?	Amount
Street Address		City		State	Zip Code	Yes No	
Purpose of Expenditure	Description				Event #		
Total of Section O							

IV. EXPENDITURES

NAME OF COMMITTEE					FILING DUE DATE	
Foley For Governor, Inc.						
P. Expenses Incurred on Committee Credit Card						
Name of Issuing Institution Chase Cardmember Service			Type of Credit Card: <input checked="checked" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor Hyatt Hotel & Resorts: Hyatt Regenc				Date of Transaction 10/22/2010		Amount \$7,034.14
Street Address 1800 E Putnam Ave		City Old Greenwich		State CT	Zip Code 06870-1320	
Purpose of Expenditure TRVL	Description hotel rooms, food				Event #	
Total of Section P					\$7,034.14	

IV. EXPENDITURES

NAME OF COMMITTEE

FILING DUE DATE

Foley For Governor, Inc.

Q. Expenses Incurred By Committee but Not Paid During this Period

Name of Creditor

Chase Cardmember Service

Date Incurred

10/27/2010

Event #

Amount
Incurred
(Estimate or
Actual)

Street Address

PO Box 15153

City

Wilmington

State

DE

Zip Code

19886-5153

Purpose of Expenditure

CCP

Description

payment to credit cars

Is this expenditure coordinated with another candidate for which reimbursement is sought?

Other Candidate(s) Name

Office Sought

7

Yes

X

No

\$7,034.14

Total of Section Q

\$7,034.14

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor. Inc.	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant David M Hellriegel		Date of Payment 10/26/2010		Method of Payment <input checked="" type="checkbox"/> Check # 2210		Amount
Secondary Payee David M Hellriegel		Purpose of Expenditure TRVL		<input type="checkbox"/> Debit Card		
Street Address 20 Summer St Ste 200		City Stamford		State CT		
Zip Code 06901-2304		Event #				
Description Vehicle Miles						
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name		Office Sought		\$500.00

Name of Worker/Consultant Emily Duus		Date of Payment 10/26/2010		Method of Payment <input checked="" type="checkbox"/> Check # 2209		Amount
Secondary Payee Emily Duus		Purpose of Expenditure TRVL		<input type="checkbox"/> Debit Card		
Street Address 20 Summer St Ste 200		City Stamford		State CT		
Zip Code 06901-2304		Event #				
Description Vehicle Miles						
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name		Office Sought		\$343.15

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Dean Pagani		Date of Payment 10/26/2010	Method of Payment <input checked="" type="checkbox"/> Check # 2208	Amount
Secondary Payee Town of West Hartford		Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address 20 Isham Rd	City West Hartford	State CT	Zip Code 06107-2204	
Description Parking			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$59.00

Name of Worker/Consultant Dean Pagani		Date of Payment 10/26/2010	Method of Payment <input checked="" type="checkbox"/> Check # 2208	Amount
Secondary Payee Amtrak		Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address 60 Massachusetts Ave NE	City Washington	State DC	Zip Code 20002-4285	
Description Stamford to DC Round Trip Train			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$351.00

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Diane Generous		Date of Payment 10/26/2010	Method of Payment <input checked="" type="checkbox"/> Check # 2195	Amount
Secondary Payee Diane Generous		Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address 172 Pautipaug Hill Rd	City Baltic	State CT	Zip Code 06330-1019	
Description Vehicle Miles			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$190.10

Name of Worker/Consultant Diane Generous		Date of Payment 10/26/2010	Method of Payment <input checked="" type="checkbox"/> Check # 2195	Amount
Secondary Payee Greenwich Taxi		Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address Suite 2 Greenwich Plz	City Greenwich	State CT	Zip Code 06830	
Description Taxi Ride 9/22 fundraiser			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$20.00

Foley For Governor, Inc.

Name of Worker/Consultant Diane Generous	Date of Payment 10/26/2010	Method of Payment <input checked="" type="checkbox"/> Check # 2195	Amount	
Secondary Payee U.S. Post Office	Purpose of Expenditure POST	<input type="checkbox"/> Debit Card		
Street Address Valley Road	City Greenwich	State CT		Zip Code 06831
Description Mailing Invitations				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Other Candidate(s) Name	Office Sought	\$202.50	

☒ No

\$28.73

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment		Amount
Chris Covucci	10/27/2010	<input checked="" type="checkbox"/> Check # 2194		
Secondary Payee CVS	Purpose of Expenditure FOOD	<input type="checkbox"/> Debit Card		
Street Address 150 S Main St	City West Hartford	State CT	Zip Code 06107-3432	
Description Volunteer Food	Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought?	Other Candidate(s) Name	Office Sought		
<input type="checkbox"/> Yes				
<input checked="" type="checkbox"/> No				

\$6.24

[illegible]

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

R. Itemization of Reimbursements to Committee Workers and Consultants

[illegible][illegible]

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Courtney Weaver	Date of Payment 10/27/2010	Method of Payment <input checked="" type="checkbox"/> Check # 2193	Amount	
Secondary Payee Katie's Gourmet	Purpose of Expenditure FOOD	<input type="checkbox"/> Debit Card		
Street Address 29 Bank St	City Stamford	State CT		Zip Code 06901-3024
Description Volunteer Food				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought?	Other Candidate(s) Name	Office Sought		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				\$14.51

[illegible]

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Chris Syrek		Date of Payment 10/27/2010	Method of Payment <input checked="" type="checkbox"/> Check # 2192	Amount
Secondary Payee CVS		Purpose of Expenditure FOOD	<input type="checkbox"/> Debit Card	
Street Address 150 S Main St	City West Hartford	State CT	Zip Code 06107-3432	
Description Volunteer Refreshments			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$10.92

Name of Worker/Consultant Chris Syrek		Date of Payment 10/27/2010	Method of Payment <input checked="" type="checkbox"/> Check # 2192	Amount
Secondary Payee Cork n Bottle Package Store		Purpose of Expenditure FOOD	<input type="checkbox"/> Debit Card	
Street Address 19 Sedgwick Rd # 1	City West Hartford	State CT	Zip Code 06107-3036	
Description Volunteer Refreshments			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$28.90

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant John L Whitney	Date of Payment 10/27/2010	Method of Payment <input checked="" type="checkbox"/> Check # 2191	Amount \$428.50	
Secondary Payee John L Whitney	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card		
Street Address 20 Summer St Fl 2	City Stamford	State CT		Zip Code 06901-2304
Description Vehicle Miles				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought?	Other Candidate(s) Name	Office Sought		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

[illegible]

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

R. Itemization of Reimbursements to Committee Workers and Consultants

[illegible][illegible]

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

R. Itemization of Reimbursements to Committee Workers and Consultants

[illegible]

Name of Worker/Consultant Justin R Clark		Date of Payment 10/27/2010	Method of Payment <input checked="checked" type="checkbox"/> Check # 2189	Amount
Secondary Payee Justin R Clark		Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address 20 Summer St Ste 200	City Stamford	State CT	Zip Code 06901-2304	
Description Vehicle Miles			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="checked" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	\$364.50

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Ben Hartman	Date of Payment 10/27/2010	Method of Payment <input checked="" type="checkbox"/> Check # 2187	Amount	
Secondary Payee Flanders Fish Market & Restaurant	Purpose of Expenditure FOOD	<input type="checkbox"/> Debit Card		
Street Address 22 Chesterfield Rd	City East Lyme	State CT		Zip Code 06333-1201
Description Bus Tour Lunch				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name Office Sought				\$251.32

Name of Worker/Consultant Ben Hartman	Date of Payment 10/27/2010	Method of Payment <input checked="" type="checkbox"/> Check # 2187	Amount	
Secondary Payee Ninety Nine	Purpose of Expenditure FOOD	<input type="checkbox"/> Debit Card		
Street Address 85 Salem Tpkc	City Norwich	State CT		Zip Code
Description Phone Bankers Refreshments				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name Office Sought				\$34.29

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Chris O'Brien		Date of Payment 10/27/2010	Method of Payment <input checked="" type="checkbox"/> Check # 2186	Amount
Secondary Payee Luna Pizza		Purpose of Expenditure FOOD	<input type="checkbox"/> Debit Card	
Street Address 999 Farmington Ave	City Hartford	State CT	Zip Code 06107-2103	
Description Volunteer Food			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$22.74

Name of Worker/Consultant Chris O'Brien		Date of Payment 10/27/2010	Method of Payment <input checked="" type="checkbox"/> Check # 2186	Amount
Secondary Payee CVS		Purpose of Expenditure OFFICE	<input type="checkbox"/> Debit Card	
Street Address 150 S Main St	City West Hartford	State CT	Zip Code 06107-3432	
Description Office Supplies			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$10.43

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

R. Itemization of Reimbursements to Committee Workers and Consultants

[illegible]

Name of Worker/Consultant Len Greene	Date of Payment 10/27/2010	Method of Payment <input checked="" type="checkbox"/> Check # 2185	
Secondary Payee Len Greene	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address 20 Summer St Ste 200	City Stamford	State CT	Zip Code 06901-2304
Description Vehicle Miles	Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Other Candidate(s) Name	Office Sought	

\$162.50

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Elizabeth Osborn Poirier		Date of Payment 10/27/2010	Method of Payment <input checked="checked" type="checkbox"/> Check # 2196	Amount
Secondary Payee Elizabeth Osborn Poirier		Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address 20 Summer St Fl 2	City Stamford	State CT	Zip Code 06901-2304	
Description Vehicle Miles			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="checked" type="checkbox"/> No		Other Candidate(s) Name Office Sought		\$415.45

Name of Worker/Consultant Elizabeth Osborn Poirier	Date of Payment 10/27/2010	Method of Payment <input checked="" type="checkbox"/> Check # 2196	
Secondary Payee Verizon Wireless	Purpose of Expenditure OVHD	<input type="checkbox"/> Debit Card	
Street Address PO Box 15062	City Albany	State NY	Zip Code 12212-5062
Description Cell Phone	Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Other Candidate(s) Name	Office Sought	\$170.56

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Elizabeth Osborn Poirier		Date of Payment 10/27/2010	Method of Payment <input checked="" type="checkbox"/> Check # 2196	Amount
Secondary Payee Verizon Wireless		Purpose of Expenditure OVHD	<input type="checkbox"/> Debit Card	
Street Address PO Box 15062	City Albany	State NY	Zip Code 12212-5062	
Description Air Card			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$66.20

Name of Worker/Consultant Elizabeth Osborn Poirier		Date of Payment 10/27/2010	Method of Payment <input checked="" type="checkbox"/> Check # 2196	Amount
Secondary Payee Town of West Hartford		Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address 20 Isham Rd	City West Hartford	State CT	Zip Code 06107-2204	
Description Parking			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$13.75

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Matthew Joiner		Date of Payment 10/27/2010	Method of Payment <input checked="" type="checkbox"/> Check # 2200	Amount
Secondary Payee Staples		Purpose of Expenditure OFFICE	<input type="checkbox"/> Debit Card	
Street Address 45 Salem Tpke	City Norwich	State CT	Zip Code 06360-6533	
Description Ink for Printer			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$44.33

Name of Worker/Consultant Bill Cortese		Date of Payment 10/27/2010	Method of Payment <input checked="" type="checkbox"/> Check # 2201	Amount
Secondary Payee Bill Cortese		Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address 20 Summer St Ste 200	City Stamford	State CT	Zip Code 06901-2304	
Description Vehicle Miles			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$427.24

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

R. Itemization of Reimbursements to Committee Workers and Consultants

[illegible]

Name of Worker/Consultant Bill Cortese		Date of Payment 10/27/2010	Method of Payment <input checked="" type="checkbox"/> Check # 2201	Amount
Secondary Payee Luiza's Diner		Purpose of Expenditure FOOD	<input type="checkbox"/> Debit Card	
Street Address 289 Enterprise Dr	City Bristol	State CT	Zip Code 06010-8410	
Description Volunteer food			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name Office Sought		

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Bill Cortese	Date of Payment 10/27/2010	Method of Payment <input checked="" type="checkbox"/> Check # 2201	Amount	
Secondary Payee Arch Street Tavern	Purpose of Expenditure FOOD	<input type="checkbox"/> Debit Card		
Street Address 85 Arch St	City Hartford	State CT		Zip Code 06103-2832
Description Volunteer Food				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name Office Sought				\$410.14

[illegible]

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

R. Itemization of Reimbursements to Committee Workers and Consultants

[illegible][illegible]

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Bill Cortese		Date of Payment 10/27/2010	Method of Payment <input checked="" type="checkbox"/> Check # 2201	Amount
Secondary Payee Stop & Shop		Purpose of Expenditure OFFICE	<input type="checkbox"/> Debit Card	
Street Address 2200 Bedford St	City Stamford	State CT	Zip Code 06905-3905	
Description Waterbury Supplies			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$28.35

Name of Worker/Consultant Susan Ogden		Date of Payment 10/27/2010	Method of Payment <input checked="" type="checkbox"/> Check # 2212	Amount
Secondary Payee Summer Place Parking		Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address Summer Place	City Stamford	State CT	Zip Code 06901	
Description Parking			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$39.00

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Schuyler Merritt		Date of Payment 10/27/2010	Method of Payment <input checked="" type="checkbox"/> Check # 2211	Amount
Secondary Payee Schuyler Merritt		Purpose of Expenditure A-RAD	<input type="checkbox"/> Debit Card	
Street Address 20 Summer St Ste 200	City Stamford	State CT	Zip Code 06901-2304	
Description Vehicle Miles			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$63.45

Name of Worker/Consultant Schuyler Merritt		Date of Payment 10/27/2010	Method of Payment <input checked="" type="checkbox"/> Check # 2211	Amount
Secondary Payee Town of West Hartford		Purpose of Expenditure A-RAD	<input type="checkbox"/> Debit Card	
Street Address 20 Isham Rd	City West Hartford	State CT	Zip Code 06107-2204	
Description Parking			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$23.25

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Schuyler Merritt		Date of Payment 10/27/2010	Method of Payment <input checked="" type="checkbox"/> Check # 2211	Amount
Secondary Payee Summer Place Parking		Purpose of Expenditure A-RAD	<input type="checkbox"/> Debit Card	
Street Address Summer Place	City Stamford	State CT	Zip Code 06901	
Description Rental Parking			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$15.00

Name of Worker/Consultant Schuyler Merritt		Date of Payment 10/27/2010	Method of Payment <input checked="" type="checkbox"/> Check # 2211	Amount
Secondary Payee Burger King		Purpose of Expenditure A-RAD	<input type="checkbox"/> Debit Card	
Street Address 1058 High Ridge Rd	City Stamford	State CT	Zip Code 06905-1122	
Description Toms Lunch			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$50.97

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Schuyler Merritt		Date of Payment 10/27/2010	Method of Payment <input checked="" type="checkbox"/> Check # 2211	Amount
Secondary Payee Shell Oil		Purpose of Expenditure A-RAD	<input type="checkbox"/> Debit Card	
Street Address 2512 Albany Ave	City West Hartford	State CT	Zip Code 06117-2505	
Description Gas Rental			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$47.03

Name of Worker/Consultant Schuyler Merritt		Date of Payment 10/27/2010	Method of Payment <input checked="" type="checkbox"/> Check # 2211	Amount
Secondary Payee Exxon Mobile		Purpose of Expenditure A-RAD	<input type="checkbox"/> Debit Card	
Street Address 1139 Post Rd	City Fairfield	State CT	Zip Code 06824-6074	
Description Gas Rental			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$50.04

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Schuyler Merritt		Date of Payment 10/27/2010	Method of Payment <input checked="" type="checkbox"/> Check # 2211	Amount
Secondary Payee Shell Oil		Purpose of Expenditure A-RAD	<input type="checkbox"/> Debit Card	
Street Address 2512 Albany Ave	City West Hartford	State CT	Zip Code 06117-2505	
Description gas, rental			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$71.05

Name of Worker/Consultant Schuyler Merritt		Date of Payment 10/27/2010	Method of Payment <input checked="" type="checkbox"/> Check # 2211	Amount
Secondary Payee Exxon Mobile		Purpose of Expenditure A-RAD	<input type="checkbox"/> Debit Card	
Street Address 1139 Post Rd	City Fairfield	State CT	Zip Code 06824-6074	
Description gas, rental			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$52.11

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Schuyler Merritt		Date of Payment 10/27/2010	Method of Payment <input checked="checked" type="checkbox"/> Check # 2211	Amount
Secondary Payee Marriott Hartford		Purpose of Expenditure A-RAD	<input type="checkbox"/> Debit Card	
Street Address 942 Main St	City Hartford	State CT	Zip Code 06103-1214	
Description Toms Hotel			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="checked" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
				\$359.52

Name of Worker/Consultant Schuyler Merritt	Date of Payment 10/27/2010	Method of Payment <input checked="" type="checkbox"/> Check # 2211	
Secondary Payee Hilton	Purpose of Expenditure A-RAD	<input type="checkbox"/> Debit Card	
Street Address 315 Trumbull St	City Hartford	State CT	Zip Code 06103-1115
Description Toms hotel	Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?	Other Candidate(s) Name	Office Sought	
<input type="checkbox"/> Yes			
<input checked="" type="checkbox"/> No			

\$234.80

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Schuyler Merritt		Date of Payment 10/27/2010	Method of Payment <input checked="" type="checkbox"/> Check # 2211	Amount
Secondary Payee Durham Agricultural Fair		Purpose of Expenditure A-RAD	<input type="checkbox"/> Debit Card	
Street Address 24 Town House Rd	City Durham	State CT	Zip Code 06422	
Description Durham Fair entry			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$15.00

Name of Worker/Consultant Schuyler Merritt		Date of Payment 10/27/2010	Method of Payment <input checked="" type="checkbox"/> Check # 2211	Amount
Secondary Payee The Home Depot		Purpose of Expenditure A-RAD	<input type="checkbox"/> Debit Card	
Street Address 600 Connecticut Ave	City Norwalk	State CT	Zip Code 06854-1616	
Description Sign posts			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$78.74

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Schuyler Merritt		Date of Payment 10/27/2010	Method of Payment <input checked="checked" type="checkbox"/> Check # 2211	Amount \$2.00
Secondary Payee Summer Place Parking		Purpose of Expenditure A-RAD	<input type="checkbox"/> Debit Card	
Street Address Summer Place	City Stamford	State CT	Zip Code 06901	
Description Parking			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="checked" type="checkbox"/> No		Other Candidate(s) Name Office Sought 		

[illegible]

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

R. Itemization of Reimbursements to Committee Workers and Consultants

[illegible]

Name of Worker/Consultant Schuyler Merritt		Date of Payment 10/27/2010	Method of Payment <input checked="checked" type="checkbox"/> Check # 2211	Amount \$31.07
Secondary Payee Wendy's		Purpose of Expenditure FOOD	<input type="checkbox"/> Debit Card	
Street Address 306 Prospect Ave	City Hartford	State CT	Zip Code 06106-2028	
Description Toms lunch			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="checked" type="checkbox"/> No		Other Candidate(s) Name Office Sought 		

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Schuyler Merritt		Date of Payment 10/27/2010	Method of Payment <input checked="" type="checkbox"/> Check # 2211 <input type="checkbox"/> Debit Card	Amount \$74.85
Secondary Payee Exxon Mobile		Purpose of Expenditure TRVL		
Street Address 1139 Post Rd	City Fairfield	State CT	Zip Code 06824-6074	
Description gas, rental			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name Office Sought 		

Name of Worker/Consultant Schuyler Merritt	Date of Payment 10/27/2010	Method of Payment <input checked="" type="checkbox"/> Check # 2211	Amount \$75.00	
Secondary Payee Exxon Mobile	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card		
Street Address 1139 Post Rd	City Fairfield	State CT		Zip Code 06824-6074
Description gas, rental				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name 				Office Sought

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Schuyler Merritt		Date of Payment 10/27/2010	Method of Payment <input checked="" type="checkbox"/> Check # 2211	Amount
Secondary Payee Exxon Mobile		Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address 1139 Post Rd	City Fairfield	State CT	Zip Code 06824-6074	
Description gas, rental			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$75.00

Name of Worker/Consultant Schuyler Merritt		Date of Payment 10/27/2010	Method of Payment <input checked="" type="checkbox"/> Check # 2211	Amount
Secondary Payee Shell Oil		Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address 2512 Albany Ave	City West Hartford	State CT	Zip Code 06117-2505	
Description gas, rental			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$74.97

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Schuyler Merritt		Date of Payment 10/27/2010	Method of Payment <input checked="" type="checkbox"/> Check # 2211	Amount
Secondary Payee BP		Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address 749 Main St	City Watertown	State CT	Zip Code 06795-2624	
Description gas, rental			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$70.37

Name of Worker/Consultant Schuyler Merritt		Date of Payment 10/27/2010	Method of Payment <input checked="" type="checkbox"/> Check # 2211	Amount
Secondary Payee Marriott Hartford		Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address 942 Main St	City Hartford	State CT	Zip Code 06103-1214	
Description Toms hotel			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$382.06

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Schuyler Merritt		Date of Payment 10/27/2010	Method of Payment <input checked="" type="checkbox"/> Check # 2211	Amount
Secondary Payee Days Inn		Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address 207 Brainard Rd	City Hartford	State CT	Zip Code 06114-2102	
Description bus drivers hotel			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$75.81

Name of Worker/Consultant Schuyler Merritt		Date of Payment 10/27/2010	Method of Payment <input checked="" type="checkbox"/> Check # 2211	Amount
Secondary Payee Holiday Inn		Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address 3580 E Main St	City Waterbury	State CT	Zip Code 06705-3850	
Description Schuylers hotel			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$114.95

IV. EXPENDITURES

NAME OF COMMITTEE				FILING DUE DATE
Foley For Governor, Inc.				
R. Itemization of Reimbursements to Committee Workers and Consultants				
Name of Worker/Consultant Schuyler Merritt		Date of Payment 10/27/2010	Method of Payment <input checked="" type="checkbox"/> Check # 2211	Amount
Secondary Payee The Home Depot		Purpose of Expenditure Misc *	<input type="checkbox"/> Debit Card	
Street Address 600 Connecticut Ave	City Norwalk	State CT	Zip Code 06854-1616	
Description sign posts & ties			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		
\$278.53				
Name of Worker/Consultant Schuyler Merritt		Date of Payment 10/27/2010	Method of Payment <input checked="" type="checkbox"/> Check # 2211	Amount
Secondary Payee PriceRite		Purpose of Expenditure FOOD	<input type="checkbox"/> Debit Card	
Street Address 1869 Dixwell Ave	City Hamden	State CT	Zip Code 06514-3145	
Description Toms Lunch			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		
\$17.14				
Total of Section R				\$12,898.69

IV. EXPENDITURES				
NAME OF COMMITTEE				FILING DUE DATE
Foley For Governor, Inc.				
S. Surplus Distribution of Equipment and Furniture				
Name of Recipient				Original Purchase Amount of Item
Street Address	City	State	Zip Code	
Description				
Total of Section S				